This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

## SA1-2E Short Form

### STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY				
AMOUNT				
\$				
ALLOCATION NUMBER				

Return completed workbook by email to:

#### coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting		
Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Sandhill Connextions
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		P.O. Box 519, 122 S. Main Street (Number, street, rural route, apartment, or suite number)
		Jefferson, SC 29718 (City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG SYSTEM	
Name	Sandhill Connextions	220	
_	Instructions: List each separate community served by the cable system. A "commun"		
D	"a separate and distinct community or municipal entity (including unincorporated co		
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you l	ist will serve as a form of system identification hereafter kno	
	as the "first community." Please use it as the first community on all future filings.		
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	home parks should be reported in parentheses below the	
Served	identified city.		
	CITY OR TOWN	STATE	
First	Bennettsville	SC	
Community	Clio	SC	
•	McColl	SC	
d Rows as Necessary	Tatum	SC	
	Cheraw	SC	
	Chesterfield	SC	
	Darlington	SC	
	Wallace	SC	
	Society Hill	SC	
	McBee	SC	
	MCDGG		

Accounting Period: 2022/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Sandhill Connextions

22004

## Ε

#### Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

**In General:** The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

**Number of Subscribers:** Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

**Block 1:** In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

**Block 2:** If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCK 2		
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
<ul> <li>Service to first set</li> </ul>	1,014	44.95	Expanded Basic	895	49.00
<ul> <li>Service to additional set(s)</li> </ul>					
<ul> <li>FM radio (if separate rate)</li> </ul>					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					
		1			

## F

#### Services Other Than Secondary Transmissions: Rates

## SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

**Block 2:** List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
<ul> <li>Pay cable</li> </ul>		Motel, hotel		Starz/Encore	15.95
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial			
<ul> <li>Fire protection</li> </ul>		• Pay cable			
<ul><li>Burglar protection</li></ul>		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set		Burglar protection			
<ul> <li>Additional set(s)</li> </ul>		Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect			
<ul> <li>Converter</li> </ul>		Disconnect			
		Outlet relocation	90.00		
		Move to new address			

Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in sp system, that is, the retransmission about other services (including parabout other services (including parabout other services) last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the nurseparately for the particular service Rate: Give the standard rate of	pace E should cover all on of television and rad ay cable) in space F, n (June 30 or Decembe a blocks in space E call of transmission service. The part of billings in that ce at the rate indicated harged for each category.	I categories of io broadcasts but here. All the r 31, as the cast for the numbe In general, you category (the d—not the numbery of service. It	secondary by your system facts you see may be) r of subscript can compounder of sets nclude both
Secondary Transmission Service: Sub- scribers and	In General: The information in sp system, that is, the retransmission about other services (including parallest day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the nu separately for the particular service Rate: Give the standard rate ch	pace E should cover all on of television and rad ay cable) in space F, n (June 30 or Decembe a blocks in space E call of transmission service. The part of billings in that ce at the rate indicated harged for each category.	I categories of io broadcasts but here. All the r 31, as the cast for the numbe In general, you category (the d—not the numbery of service. It	secondary by your sys facts you see may be) r of subscription can comp number of ber of sets nclude both
Transmission Service: Sub- scribers and	about other services (including parallast day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the number separately for the particular service Rate: Give the standard rate ch	ay cable) in space F, n (June 30 or Decembe blocks in space E call transmission service. Imber of billings in that ce at the rate indicated harged for each catego	ot here. All the r 31, as the cas for the numbe In general, you category (the d—not the num ory of service. It	facts you see may be). r of subscriucan comp number of ber of sets nclude both
	unit in which it is generally billed. category, but do not include discomblock 1: In the left-hand block systems most commonly provide that applies to your system. Note categories, that person or entity subscriber who pays extra for call first set" and would be counted on Block 2: If your cable system in printed in block 1 (for example, the with the number of subscribers an sufficient.	ounts allowed for adva in space E, the form list to their subscribers. Go Where an individual should be counted as a ble service to additional nce again under "Serving rate categories for ers of services that income	sts the categorication of the state of the number or organization as subscriber in all sets would be ice to addition a secondary translude one or mo	ies of secor r of subscril is receiving each applic e included in al set(s)." ismission so ore seconda
		OCK 1		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATE
	Residential:			
	<ul> <li>Service to first set</li> </ul>	149	37.45	Expand
	<ul> <li>Service to additional set(s)</li> </ul>			
	<ul> <li>FM radio (if separate rate)</li> </ul>			
	Motel, hotel			
	Commercial			
	Converter			
	Residential     Non-residential			

F

Services Other Than Secondary Transmissions: Rates

### **SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES**

In General: Space F calls for rate (not subscriber) information with respect to all a not covered in space E, that is, those services that are not offered in combination service for a single fee. There are two exceptions: you do not need to give rate in furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information amount of the charge and the unit in which it is usually billed. If any rates are charenter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the ap Block 2: List any services that your cable system furnished or offered during th listed in block 1 and for which a separate charge was made or established. List th

brief (two- or three-word) description and include the rate for each.

## BLOCK 1

	BLO	OK I
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE
Continuing Services:		Installation: Non-residential
• Pay cable		Motel, hotel
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial
Fire protection		• Pay cable
•Burglar protection		• Pay cable-add'l channel
Installation: Residential		Fire protection
First set		Burglar protection
<ul><li>Additional set(s)</li></ul>		Other services:
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect
Converter		Disconnect
		Outlet relocation
		Move to new address

## SYSTEM ID# 22004

transmission service of the cable tem to subscribers. Give information state must be those existing on the

bers to the cable system, broken ute the number of subscribers in persons or organizations charged receiving service). If the amount of the charge and the rate variations within a particular rate

ndary transmission service that cable bers and rate for each listed category g service that falls under different able category. Example: a residential n the count under "Service to the

ervice that are different from those ary transmissions), list them, together word description of the service is

BLOCK	( 2	
GORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
ed Basic	49	65.00

your cable system's services that were with any secondary transmission formation concerning (1) services brmation should include both the rged on a variable per-program basis,

oplicable services listed.

e accounting period that were not uses other services in the form of a

	BLOCK 2	
RATE	CATEGORY OF SERVICE	RATE
	Starz/Encore	12.00
	Epix	7.00
90.00		

Accounting Period: 2022/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 22004

### **Sandhill Connextions**

G

## Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

**Column 1:** List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

**Column 2:** Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

**Column 4:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WBTW DT	21	1	Florence, SC
WBTW 2	18	<u> </u>	Myrtle Beach, SC
WBTW HD	18.1	I-M	Myrtle Beach, SC
WFXB DT	18.2	I-M	Myrtle Beach, SC
WFXB MeTV	18.3	I-M	Myrtle Beach, SC
WFXB Weather	45	<u> </u>	Florence, SC
WFXB HD	45.1	I-M	Florence, SC
WJPM DT	16	N	Florence, SC
WJPM HD	16.1	N-M	Florence, SC
WPDE DT	32	N	Myrtle Beach, SC
WPDE HD	32.1	I-M	Myrtle Beach, SC
WMBF DT	32.2	I-M	Myrtle Beach, SC
WMBF HD	32.3	I-M	Myrtle Beach, SC
WMBF Bounce TV	13	N	Florence, SC
WMBF Grit	13.1	I-M	Florence, SC
WWMB	13.2	I-M	Florence, SC
		111111111111111111111111111111111111111	

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:
Name	Sandhill Connextions	IPTV
	PRIMARY TRANSMITTERS:	TELEVISION
<b>G</b> Primary  ransmitters:	carried by your cable system di FCC rules and regulations in el	y every television station (including trauring the accounting period, except (fect on June 24, 1981, permitting the and (4), or 76.63 (referring to 76.61)
ansmitters: Television	Substitute Basis Stations: W basis under specific FCC rules • Do not list the station here in	ith respect to any distant stations card regulations, or authorizations: space G—but do list it in space I (the
	station was carried <i>only</i> on a s • List the station here, and also	
	multicast stream associated with "WETA-2" as the same on the following as the channel number of license. For example, WRC	call sign. <i>Do not</i> report origination prote a station according to its over-the-aform.  Sorm.  Sommer the FCC assigned to the televing the control of the control
	(for independent multicast), "E" For the meaning of these terms <b>Column 4:</b> Give the location of	the letter "N" (for network), "N-M" (for noncommercial educational), or s, see page (iv) of the general instruct each station. For U.S. stations, list the stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER
	(for independent multicast), "E" For the meaning of these terms <b>Column 4:</b> Give the location of FCC. For Mexican or Canadian	(for noncommercial educational), or s, see page (iv) of the general instruction each station. For U.S. stations, list the stations, if any, give the name of the
	(for independent multicast), "E" For the meaning of these terms <b>Column 4:</b> Give the location of FCC. For Mexican or Canadian	(for noncommercial educational), or s, see page (iv) of the general instruction each station. For U.S. stations, list to stations, if any, give the name of the commercial education of the commercial educational), or some commercial educational, or some commercial educational), or some commercial educational educational education or some commercial education educ
Rows as Necessary	(for independent multicast), "E" For the meaning of these terms Column 4: Give the location of FCC. For Mexican or Canadian  1. CALL SIGN  WAXN-DT	(for noncommercial educational), or s, see page (iv) of the general instruct each station. For U.S. stations, list to stations, if any, give the name of the commercial educations.  2. B'CAST CHANNEL NUMBER  64
Rows as Necessary	(for independent multicast), "E" For the meaning of these terms Column 4: Give the location of FCC. For Mexican or Canadian  1. CALL SIGN  WAXN-DT  WACH	(for noncommercial educational), or s, see page (iv) of the general instructed each station. For U.S. stations, list to stations, if any, give the name of the compact of t
Rows as Necessary	(for independent multicast), "E" For the meaning of these terms Column 4: Give the location of FCC. For Mexican or Canadian  1. CALL SIGN  WAXN-DT  WACH  WIS	(for noncommercial educational), or s, see page (iv) of the general instructed each station. For U.S. stations, list to stations, if any, give the name of the stations.  2. B'CAST CHANNEL NUMBER  64  48
l Rows as Necessary	(for independent multicast), "E" For the meaning of these terms Column 4: Give the location of FCC. For Mexican or Canadian  1. CALL SIGN  WAXN-DT  WACH  WIS  WISDT2	(for noncommercial educational), or s, see page (iv) of the general instructed station. For U.S. stations, list to stations, if any, give the name of the stations.  2. B'CAST CHANNEL NUMBER  64  48  10  10.1
d Rows as Necessary	(for independent multicast), "E" For the meaning of these terms Column 4: Give the location of FCC. For Mexican or Canadian  1. CALL SIGN  WAXN-DT  WACH  WIS  WISDT2  WBTV-DT	(for noncommercial educational), or s, see page (iv) of the general instructed station. For U.S. stations, list to stations, if any, give the name of the stations, if any and the stations of
d Rows as Necessary	(for independent multicast), "E" For the meaning of these terms Column 4: Give the location of FCC. For Mexican or Canadian  1. CALL SIGN  WAXN-DT  WACH  WIS  WISDT2  WBTV-DT  WCCB-DT	(for noncommercial educational), or s, see page (iv) of the general instructeach station. For U.S. stations, list to stations, if any, give the name of the stations, if any give the name of the stations of
d Rows as Necessary	(for independent multicast), "E" For the meaning of these terms Column 4: Give the location of FCC. For Mexican or Canadian  1. CALL SIGN  WAXN-DT  WACH WIS WISDT2 WBTV-DT WCCB-DT WCCB-DT3	(for noncommercial educational), or s, see page (iv) of the general instruction each station. For U.S. stations, list to stations, if any, give the name of the stations, if any give the name of the stations.  2. B'CAST CHANNEL NUMBER  64  48  10  10.1  3.2  18  18.1
d Rows as Necessary	(for independent multicast), "E" For the meaning of these terms Column 4: Give the location of FCC. For Mexican or Canadian  1. CALL SIGN  WAXN-DT  WACH WIS WISDT2 WBTV-DT WCCB-DT WCCB-DT3 WCNC-DT	(for noncommercial educational), or s, see page (iv) of the general instructeach station. For U.S. stations, list to stations, if any, give the name of the stations, if any give the name of the 48  10  10.1  3.2  18  18.1
I Rows as Necessary	(for independent multicast), "E" For the meaning of these terms Column 4: Give the location of FCC. For Mexican or Canadian  1. CALL SIGN  WAXN-DT  WACH WIS WISDT2 WBTV-DT WCCB-DT WCCB-DT3 WCNC-DT WHKY	(for noncommercial educational), or see page (iv) of the general instructeach station. For U.S. stations, list it stations, if any, give the name of the stations, if any, give the name of the stations of th
dd Rows as Necessary	(for independent multicast), "E" For the meaning of these terms Column 4: Give the location of FCC. For Mexican or Canadian  1. CALL SIGN  WAXN-DT  WACH  WIS  WISDT2  WBTV-DT  WCCB-DT  WCCB-DT3  WCNC-DT  WHKY  WJPM DT	(for noncommercial educational), or s, see page (iv) of the general instructed station. For U.S. stations, list to stations, if any, give the name of the stations, if any, give the name of the 48  10  10.1  3.2  18  18.1  24  14

WJZY

46

WLTX	17
WMYT	25
WOLO-TV	8
WPDE DT	15
WSOC-DT	12
WSOC-DT2	12.1
WWMB	21

# SYSTEM ID# 22004

slator stations and low power television stations; stations carried only on a part-time basis under arriage of certain network programs [sections (2) and (4))]; and (2) certain stations carried on a

d by your cable system on a substitute program

pecial Statement and Program Log)—if the

th on a substitute basis and also on some other page (v) of the general instructions. am services such as HBO, ESPN, etc. Identify each designation. For example, report multistream

on station for broadcasting over the air in its community

on, an independent station, or a noncommercial network multicast), "I" (for independent), "I-M" -M" (for noncommercial educational multicast). ns in the paper SA1-2 form. community to which the station is licensed by the ommunity with which the station is identified.

3. TYPE OF STATION	4. LOCATION OF STATION
1	Kannapolis, NC
1	Columbia, SC
N	Columbia, SC
N	Columbia, SC
N-M	Charlotte, NC
]	Charlotte, NC
I-M	Charlotte, NC
N	Charlotte, NC
1	Hickory, NC
E	Florence, SC
E-M	Florence, SC
E-M	Florence, SC
1	Belmont, NC

l N	Columbia, SC
	Rock Hill, SC
N	Columbia, SC
N	Florence, SC
N	Charlotte, NC
N-M	Charlotte, NC
l	Florence, SC

Accountin	a Perio	d:	2022/2
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FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Sandhill Connextions 22004

### PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

**Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

**Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
	<del> </del>	<del> </del>					
	<b>_</b>	<b></b>					
		<del> </del>					
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	<del> </del>	<del> </del>					
	<b></b>	<b></b>					<b> </b>
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	<b>†</b>						
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	+	<del> </del>					<del> </del>

Accounting Perio							FOR	RM SA1-2E. PAGE 5.	
Name	LEGAL NAME OF OWNER OF O	CABLE SYST	ГЕМ:					SYSTEM ID# 22004	
Substitute Carriage: Special Statement and Program Log	010121111211								
	stated as "6:00–6:30 p.m."  Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	nd regulation	ons in effect du our system wa	ring the accounting peri s permitted to delete un	od; enter the le der FCC rules	etter "P" if the and regulati EN SUBST	e listed progrons in	ram	
	1. TITLE OF PROGRAM		E PROGRAM  3. STATION'S  CALL SIGN	4. STATION'S LOCATIO	5. MONTH	•	CURRED TIMES - TO	7. REASON FOR DELETION	

Accounting Period:	2022/2		FORM S	A1-2E. PAGE 6.				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Sandhill Connextions		S	22004				
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amo all amounts (gross receipts) paid to your cable system by subscribers for the system's se (as identified in space E) during the accounting period. For a further explanation of how page (vii) of the general instructions located in the paper SA1-2 form.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.  IMPORTANT: You must complete a statement in space P concerning gross receipts.	econdary trans to compute this	mission servi	9,055.85				
Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:  Complete block 1, block 2, or block 3.  Use block 1 if the amount of gross receipts in space K is \$137,100 or less  Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800  Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600  See page (vi) of the general instructions located in the paper SA1-2 form for more information.							
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR L	ESS						
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that yo accounting period is \$52.00	ou must pay for	this six-month					
	Line 1. Royalty fee for accounting period							
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8			0.00				
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2		· •	_				
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but mo	re than \$137,	100)					
	Base amount under statutory formula	263,800.00						
	2. Enter amount of gross receipts from space K							
	3. Subtract line 2 from line 1							
	4. Enter the amount of gross receipts from space K							
	5. Enter the amount from line 3							
	6. Subtract line 5 from line 4							
	7. Multiply line 6 by .005 (enter figure here)			_				
	8. Interest charge. Enter the amount from line 4, space Q, page 8			0.00				
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8							
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but I	ess than \$527	',600)					
	Enter the amount of gross receipts from space K	279,055.85						
	2. Base amount under statutory formula	263,800.00						
	3. Subtract line 2 from line 1	15,255.85						
	4. Multiply line 3 by .01	\$	152.56					
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	\$	1,319.00					
	6. Interest charge. Enter the amount from line 4, space Q, page 8		0.00					
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		\$	1,471.56				
	FILING FEE AND TOTAL REMITTANCE DUE							
Filing Fee and Total Remittance Due	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)      Filing Fee (See the instructions for more information on filing fee calculations)		1,471.56 20.00					
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	1,491.56				
	Important: Your remittance must be in the form of an electronic payment payab See page i of the general instructions in the paper SA1-2 form for	le to the Regis	ter of Copyri	•				

Accounting Period:	2022/2						FORM SA1-2E. PAGE 7	
Name	LEGAL NAME OF OV Sandhill Connex	VNER OF CABLE SYSTEM:					SYSTEM ID# 22004	
M Channels	to its subscribers,  1. Enter the total n system carried te  2. Enter the total n on which the cab	and (2) the cable system's to number of channels on which elevision broadcast stations number of activated channel of system carried television	otal numb  the cabl  s broadcas	nber o	n which the cable system carried television of activated channels during the accounting the acco	ng period.	202	
N Individual to Be Contacted		BE CONTACTED IF FURTH out this statement of accour		ORM	ATION IS NEEDED (Identify an individua	l to whom		
for Further Information	Name	Missy Sikes				Telephone <b>{</b>	843-658-6850	
		P.O. Box 519 (Number, street, rural route, apart  Jefferson, SC 29718 (City, town, state, zip)						
	Email	missy.sikes@n	nysandhi	nill.ne	st Fax	(optional)		
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)  I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)  (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or  (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or  (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.  I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  [18 U.S.C., Section 1001(1986)]							
		Typed or printed	Enter an Enter sig	n elec	s/ C. Lee Chambers  tronic signature on the line above to certify in the using an "/s/ signature" (e.g., /s/ John Sm			
		Title: (Title of o	CEO/I		eld in corporation or partnership)	02/03/2023		

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on the form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephon numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law

counting Period: 2022/2	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
andhill Connextions	22004
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address Mailing Address	
INTEREST ASSESSMENT  You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.  For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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